

09/670062

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | CS | | 10/10/8 |
| O.I.P.E. CLASSIFIER | | 10 | 10-13-00 |
| FORMALITY REVIEW | FH | RE 856 | 12-05-00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
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 ÷ Restricted O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
| 1 | 1-11-02 |
| 2 | 7-27-02 |
| 3 | 1-18-03 |
| 4 | 8-16-03 |
| 5 | 0-2-10 |
| 6 | 0-2-10 |
| 7 | 0-2-10 |
| 8 | 0-2-10 |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
|----------------|------|
| Final Original | |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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